

## CITY OF NASHUA CITY CLERK'S OFFICE 229 MAIN STREET NASHUA, NH 03060 (603) 589-3010

## APPLICATION FOR LICENSING & REGULATING PAWNBROKERS AND SECONDHAND DEALERS

Please complete the following information and return the application with a check or money order for \$50.00 made payable to the City of Nashua.

Registered Name of Business:
Principal Address of Business:
Business Phone:
Describe Briefly the Nature of the Business:
Name, Home Address, Home Phone, Place & Date of Birth, Social Security Number and Driver's License State and Number of <b>EACH</b> owner.
A)
B)
C)
C)
Name, Home Address, Home Phone, SSN, Place & Date of Birth, and Drivers License State and Number of <b>EACH</b> person who would at any time supervise the operation.
Name, Home Address, Home Phone, SSN, Place & Date of Birth, and Drivers License State and Number of
Name, Home Address, Home Phone, SSN, Place & Date of Birth, and Drivers License State and Number of <b>EACH</b> person who would at any time supervise the operation.
Name, Home Address, Home Phone, SSN, Place & Date of Birth, and Drivers License State and Number of <b>EACH</b> person who would at any time supervise the operation.  A)
Name, Home Address, Home Phone, SSN, Place & Date of Birth, and Drivers License State and Number of <b>EACH</b> person who would at any time supervise the operation.  A)

	Nashua?	YES	NO		
	If the answer to item 10 is yes, please provide complete details: (Reason for denial or revocation of said licens and date of same).				
	Has applicant eve		elony in this or in any other state, which has not been annulled?  NO		
		tem 12 is yes, please pr	ovide details including the state:		
	Does the applicar	Does the applicant understand that such license, if granted, will be subject to the rules and regulations of the Nashua Revised Ordinances Chapter 220?  YES NO			
	Does the applicant agree that the place of business shall be open at all times for inspection by any authorized city official, such as police, fire, member of the licensing committee, etc?				
			NO		
	-	-	l in good standing with the State of New Hampshire?		
	Name and mailing address of three (3) references.				
ny po ler	our knowledge.  se of validating th	I/We authorize the Chais data and attesting to se statement will be constant.	ation provided in this application is true and complete to the best ity of Nashua, or its agents to contact references listed for the to the moral and financial character of the business. We onsidered sufficient grounds to refuse issuance of a license to		
	Date		Signature Signature		